



Oregon State Hospital

PERSONAL PROPERTY
LARGE STORAGE
STORED OFF WARD

Spencer

Name: Barre H

Last

First

Medical Record Number

Ward:

DOB:

4/18/1994

Date:

12/16/22

For Property Control Use Only

28D

Section(s):

Boxes:

Suitcases:

Personal Items: 1.

Coats, Jackets, Bathrobes: 1.

2. 1 glass bottle with hair

3. 1 slide lock (Nite 12c)

4. 1 Emergency Survival Blanket

5. 1 black hardrive

Misc. Items: 1.

2. 1 Vegan Printer Notebook

3. 1 Orange Backpack

4. 6 pens

5. 2 pocket knives

6. 1 nail clipper

7. 2 lighters

1 newspaper

1 water filter

1 flashlight

1 usb cord

1 Smith + Wesson

1 sunscreen

2 headphones - 2 chargers

Hats:

RECEIVED IN LARGE STORAGE

By:

Date:

At time

listed

Signature

Signature

u from records
nd Federal Law
losure without
law

al Record

Communication Form

cm. Vicki

BUCM - Emily

Patient name: Spencer Joseph Barnett

Date: 11/9/22

Medication Concerns (psych or medical):

Community resources (housing, transport, benefits, ID, discharge) (Social worker):

Deborah

How do I get out of here (Case monitor):

Clothing needs (Case monitor):

Legal skills help (Case monitor):

Problem solving (CPS):

~~Outage request (Case monitor):~~

Pain/dental/medical concerns:

Explain:

Property bag: Phone #1's & Paperwork

✓

Would like to retrieve / Hold-onto during my stay

Other: in order to call friends / family & there is a phone

contact list in my property and other important legal

and journal paperwork

giving me low work "mental issues" - paper written to no app time

Communication Form

Patient name: Spencer Joseph Barrett Date: 11/9

Medication Concerns (psych or medical):

Community resources (housing, transport, benefits, ID, discharge) (Social worker): Deborah

How do I get out of here (Case monitor):

Clothing needs (Case monitor):

Legal skills help (Case monitor):

Problem solving (CPS):

Account: STB 177

Pain/dental/medical concerns:

Explain: He cannot provide computer access to Pts at this time

Other: I'd like to enter my Nature documentary in video's in the Oregon State Park Centennial Challenge from my youtube channel: "SJ Barrett" Can someone help?

It was also wondering if I could print

Communication Form

Patient Name Spencer Joseph Barrett Date 11/15/22

☐ Nursing ☐ Provider/Doctor ☒ Social Work ☐ Psychology
☒ Other _____
to prove fit and have been fit to stand trial

Concern/Need cl do not believe pl should be here... 7/6/15/2022
cl would like: 1) doctor eval 2) court transcripts
3) new lawyer / someone to complain about current lawyer abuse
4) The evaluation made by Isabelle Dousarchissian
dated September 30, 2022 (to understand how I am "unfit")

One who actually cares about what I have to say in my past, present & future and wants to improve a corruptible system.

I need someone who will listen and help me
re-route / re-direct my habeas corpus from my current
lawyer Amy Cornfield to a real CIVIL RIGHTS lawyer
need doctors & lawyers to see me as a complex yet competent
individual interested and capable of assisting a multitude of
persons. flaws: distorted communications, chain of command /
Telephone game
Staff Clarification (if above is unclear): mass case of de-individualization / ^{of} disengagement of responsibility

> Dawson prayer (at a price) (11/18)

Staff Response (if requested in writing):

All these things are legal issues.
I cannot give legal advice &
suggested further info you to your
attorney. Mr. Drake, sub 11/18/22
Whom I cannot contact.
Great!

Communication Form

RS: on 11/21/2022

Patient Name Spencer Joseph Barrett Date 11/17/2022

☐ Nursing ☐ Provider/Doctor ☒ Social Work ☐ Psychology

☒ Other

Concern/Need

• help getting a divorce and securing the safety of my daughter amidst a mother w/ PostPartum Syndrome thoughts and behavior. How to ensure her health and happiness during my absence. (lawyer does not respond... who can I contact?)

• access to higher education tools and resources such as a larger library (wikipedia can be downloaded onto devices for offline uses and contains a vast amount of knowledge & multiple verifiable sources) • simple science experiments & methodologies & more diverse • more teamwork / trust-building exercises to feel more apart of a community and less alienated / expendable • essentials for identity development • more things to care about - like plants / gardens or reserved animals

• want to connect w/ the Outside world & past life work in order to secure sanity and prepare for eventual release and re-exposure to that world

Thank you for your consideration

* I am willing to write a letter to the admin / governor or other potential sponsors regarding bullet points #2-5 but still need assistance resolving bullet point #1

not helpful response - "can only help w/ 'legal skills'" (note cards not real legal skills...)

Staff Response (if requested in writing): "don't know what to do about someone who doesn't want to be found..." (wife)...

Thank you Mr. Spencer for putting your needs. I expect you should connect with an attorney regarding your wife's daughter. Patients who are at the hospital for admission / evaluation do not have access to the internet. Many of the interventions & coping activities you have listened may be available once your charges are resolved & you return back to the community. You were ordered to the hospital for restoration and you are making steady progress. Your evaluation is currently scheduled for 11/14/23.

Place completed form in the grievance box

Please Print

Patient Name:

Spencer Joseph Barnett

Unit:

~~Anchor~~ Leaf 2

Your Grievance:

→ HAVE NOT RECEIVED RECORDS AFTER MORE THAN 3 WKS SINCE
GRIEVANCE # 2022-2347

D:2; "The Patient has the right to access information in his or her clinical records within a reasonable time frame in order to discover the evidence the provider used to send me to OST as well as any discoveries since my being admitted on November 3rd 2022, I requested a copy of all records on file and also filled out a R.D.I. form to view the report filed by Isabelle Dousarkissian PsyD, dated September 30, 2022, via Anchors & communication forms dated 11/15/22 & 11/28/22 and How have you tried to resolve this issue? have yet to receive feedback

I have repeatedly asked my attorney as well as OST staff members via communication forms.

Patient Signature:

Spencer Joseph Barnett

Date:

12/7/22

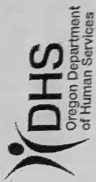
Printed name of staff or representative who helped fill out this form

N/A

INTERNAL USE ONLY
OSH Grievance Form

Page 1 of 2

Rev (1/24/22)



Request for Access to Records



Full last name of individual: <i>Barnett</i>	First name: <i>Spencer</i>	MI: <i>J</i>	Date of birth: <i>04/18/94</i>
Other names used by individual: <i>Joseph (middle name)</i>			
Mailing address, city, state and ZIP of individual: <i>Oregon State Hospital, Leat 2, 2600 Center St NE, Salem, OR 97301</i>			
O Prime ID / O Case number / SSN: <i>677-20-2350</i>			
Phone number of individual (optional):			
E-mail address of individual (optional):			

I want to (select only one):	<input type="checkbox"/> Review the record	<input checked="" type="checkbox"/> Receive copies
Program or agency holding record: <i>Oregon State Hospital</i>		
List the type of record or information requested: <i>all records on file</i>		
List the dates or time period for the record requested: <i>11/3/22 - 12/10/22</i>		

receiving copies, select the preferred format to receive the record:				
<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Pick up in person	<input type="checkbox"/> CD	<input type="checkbox"/> Other portable electronic media

- We may not be able to provide access to, or copies of, some records or information including but not limited to:
 - Psychotherapy notes
 - Records or information that is no longer available
 - Records you are not entitled to receive under law, Oregon Administrative Rule, or Agency policy
 - Records not contained in the designated record set
- If we deny all or a portion of your request, you have a right to request a review.
- You may be charged a fee for copying your records.

Individual Acknowledgement			
Full legal signature of individual or a person legally authorized to act on behalf of the individual: <i>Sam John Ball</i>			Date: <i>12/9/22</i>
Legal last name of representative (if applicable):		First name:	MI:
Personal representative authentication:		Relationship to individual:	

See Page 2 for client rights information.

Patient Grievance



Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

For Staff use only	
Date Received:	12-19-22
Grievance #:	22-3168

Patient Name: Spencer Joseph Barrett

Unit: Leat 2

Describe your grievance: Excessive Yelling

A fellow patient, Trevor H., continuously yells in his room across the hall from mine! - over w/ earplugs I have trouble concentrating or napping when he begins his "fits" which last 30 min to an hour multiple times a day

What have you done so far to address your grievance? This form

What is your desired outcome? That he get the appropriate help he needs to learn healthier, less disruptive behavior or that I be move to another unit w/ more stable patients, who do not constantly yell.

I would like to discuss my grievance with a Grievance Committee member ☒ Yes ☐ No

Patient Signature: Spencer Joseph Barrett Date: 12/16/2022

Printed name of staff or representative who helped fill out this form: _____

In addition to the OSH grievance process, complaints can be filed with the state agency that has licensure survey responsibility over OSH. See Patient Rights Board for information.

22-368
*intended to
attach to
22-364 -
"fake
News"

New Grievance 12/12

ack of assistance
w/ resolving "conscious triggers"
refer to (12/15 Requests)

problem should be a "fun
challenge, not life long
depression"

conscious problem solving
NOT

suppression, repression, but please accept -
Hypnosis <sup>giving
up
not
accept-
and)</sup>

in regards to "personal problem / queries before
and during confinement" ^{hoops}
2) collective problems expressed in
newspaper articles, music lyrics (cries for help
"why get up for another let down" mp3 played during
fitness; outside 9-10am, reminiscent of Blink 182 quote)
b) Times article (Dec 5/12, 2022; "Jay Inslee" &
questions p80) "accelerating
climate change" c) questioning
"memory out record"

1) a) identity "issue" - "not-being-seen" / invisible,
not believing people (for lack of ability to verify
or prove their claims / stories / "facts")

1) a) i) solution: past work / record / proofs
solves: 1) c) questioning memories w/ out record
why its necessary to question memories, the
science of the narrative conscience, manufact-
uring false memories using bits of info, selection
bias of others (projection? transference)

2) c) Positive media / solutions instead of constant beating
w/ fear / shock value (non local media) <sup>it's trying to gain
attention</sup>
ques w/ 1) a-c & promote what others are doing and
what you can do

Patient Grievance: Grievance Committee Response

Grievance # 22-368

Finding #1: We cannot discuss another patient's treatment due to patient confidentiality (HIPAA). Unit staff are aware of issues like this on the unit and work to provide a safe and therapeutic environment for all patients. If you are feeling frustrated, we encourage you to speak with staff.

Finding #2: The unit quiet room, sensory room, and various TXM activities are available options for you to get away from the noise of the unit. Nursing staff will continue to do their best in encouraging a therapeutic milieu as well.

Finding #3: Administration oversees patient unit transfers. There is no urgent clinical need to move you to another unit. Leaf 2 will continue to problem solve with you on this issue.



Patient Grievance

Place completed form in the grievance box

Use one form for each grievance.

Help staff investigate, include as much detail as possible about your concern.

Patient Name: Spencer Joseph Barnett

Init: Leaf 2

Describe your grievance: Fake News (or lack of positive media / Peace education / relevant (local) groups & solution to ongoing / repetitive problems in the news & other media)

Amendment Right to

dom of Press / Speech / Religion / Association

I have been denied access to my preferred
-profit News source and as a result am
experiencing Identity Issues & hopelessness

What have you done so far to address your grievance? Asked Staff to print my
earned positive media but denied for # of pages
ch total ~100-200 ~~but I am~~

What is your desired outcome? A single copy of "Green City!" & "cMAGul
be printed from the Archive.org public user
file: STB177 & A list of Videos created by YouTube
Full (non) account/channel: S.J. Barnett
would like to discuss my grievance with a Grievance Committee member Yes ☒ No ☐

Patient Signature: Spencer Joseph Barnett Date: 12/15/2022

Printed name of staff or representative who helped fill out this form: See 2 attached pages.

In addition to the OSH grievance process, complaints can be filed with the state agency that is licensure survey responsibility over OSH. See Patient Rights Board for information.

Patient Grievance: Grievance Committee Response

Grievance # 22-369

Finding #1: The Statesman's Journal is the only OSH Salem newspaper that LF2 receives. If there is another newspaper that you would like to read, you could ask someone outside of OSH to order a subscription for you. Have them send it to: Spencer J. Barrett Leaf 2 unit 2600 Center St. NE, Salem OR 97301. Remember to cancel your subscription before you discharge.

Finding #2: Nursing staff are not able to print large sets of documents for you. In addition, they cannot log onto any of your online accounts. The rationale for this is that patients sent to OSH under the .370 law do not have internet access (same as when you were in county jail.) Limited computer access is available at the Law Library on Thursdays between 1-2 pm. The Law Library policy states patients can print/copy up to 20 pages each week at no cost.

Patient Grievance



Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: Spencer Joseph Barrett

Unit: Leat 2

Describe your grievance: Medical Records

For Staff use only
Date Received: <u>1/9/2023</u>
Grievance #: <u>23-2</u>

I have still not received all my medical records on file, this is the 5th Request. Please respect my patient rights and desire for transparency and accountability. I have already filled out multiple release forms.

What have you done so far to address your grievance? multiple grievance and communication forms over 2 months (beginning w/ first request ~ November 16)

What is your desired outcome? to review my medical record - to be respected for my requests

I would like to discuss my grievance with a Grievance Committee member ☒ Yes ☐ No, it
Patient Signature: Spencer Joseph Barrett Date: 1/8/2023 seem to help - they are
Printed name of staff or representative who helped fill out this form:

In addition to the OSH grievance process, complaints can be filed with the state agency that has licensure survey responsibility over OSH. See Patient Rights Board for information.

experiencing a
diffusment of
responsibility

Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: Steven Joseph Baranett

Unit: leaf 2

Describe your grievance: my room mate.

it is not natural or helpful for me to share a room w/ someone who angrily/loudly pushes buttons on his video game and doesn't reply to the things I say. We are meant to work in teams/tribes, not artistically ignore each other. I cannot focus on what

What have you done so far to address your grievance? He said (in a

important (such as the things I talked w/ Amy about)

and does not respect my hyper-sensitivities to the rapid click of

What is your desired outcome? a Team that cares about me and the

To have a roommate that respects my hypersensitivity or cares about the same things, people play video games instead of help some things I would like to discuss my grievance with a Grievance Committee member

Yes ☐ No ☒ I deb-

Patient Signature: Steven Joseph Baranett

Date: 1/12/23 is willing to be

Printed name of staff or representative who helped fill out this form:

transparent and engage in real conversation

In addition to the OSH grievance process, complaints can be filed with the state agency that has licensure survey responsibility over OSH. See Patient Rights Board for information.

Patient Grievance

Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: <u>Spencer Joseph Barrett</u>	For Staff use only
Unit: <u>Leat 2</u>	Date Received: <u>1/3/23</u>
Describe your grievance: <u>Distracting (non-urgent) roommate</u>	Grievance #: <u>23-4</u>

Roommate and a non-transparent Team that doesn't appear to care about the same things I do. I have still not heard back from Amity in 2 weeks and I want a team that cares about environmentalism, civil rights and peace activism. My roommate plays his game boy so loudly I cannot focus on what's really important.

What have you done so far to address your grievance? Talked to roommate

① To have no roommate and ② to have a team engaged in real world solutions outside their

What is your desired outcome? To be in an environment that solves their problem
W/ treats conscious problem solving instead of hypnosis/medication/oppression/suppression/repression
I want to view my (DT teams Doctoral Thesis) as a team
 I would like to discuss my grievance with a Grievance Committee member ☒ Yes ☐ No that can

Patient Signature: Spencer Joseph Barrett Date: 1/2/23
 Printed name of staff or representative who helped fill out this form: I instead of just forcing me to trust them and
approve they came

their college education
 In addition to the OSH grievance process, complaints can be filed with the state agency that they has licensure survey responsibility over OSH. See Patient Rights Board for information. will listen, no one seems to care

Rev (9/20/22)
or take responsibility

Patient Grievance

Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: <u>Spencer Joseph Barrett</u>	For Staff use only
Unit: <u>Leaf 2</u>	Date Received: <u>1/13/23</u>
Describe your grievance: <u>Roommate</u>	Grievance #: <u>23-5</u>

I DO NOT GET AS GOOD OF SLEEP WHEN I AM FORCED TO SHARE A ROOM WITH A RANDOM PERSON WHO DOES NOT SHARE THE SAME BELIEFS AS ME, INTEREST OR HISTORY IN THE SAME THINGS. I CANNOT FOCUS ON MY OWN SELF WHEN TRAPPED IN A ROOM W/ ONLY ONE EXIT & NO VIDEO SURVEILLANCE ACCOUNT-

What have you done so far to address your grievance? GRIEVANCES ABILUT
 IT IS NOT NATURAL TO FORCE RANDOM PEOPLE WHO DONT KNOW EACHOTHER TO SHARE A ROOM. ATLEAST JAIL OFFERS PROTECTIVE CUSTODY SOLITARY CONFINEMENT.

What is your desired outcome? A SINGLE ROOM

NO ROOMMATE OR TRANSFER BACK TO JAIL WHERE I FEEL SAFER. THIS IS NOT HELPING MY MENTAL HEALTH - IT IS MAKING IT WORSE.

I would like to discuss my grievance with a Grievance Committee member ☒ Yes ☐ NoPatient Signature: Spencer Joseph Barrett Date: 1/13/23

Printed name of staff or representative who helped fill out this form: _____

In addition to the OSH grievance process, complaints can be filed with the state agency that has licensure survey responsibility over OSH. See Patient Rights Board for information.

Patient Grievance

Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: <u>Spencer Joseph Barrett</u>	For Staff use only
Unit: <u>Unit 2</u>	Date Received: <u>1-17-23</u>
Describe your grievance: <u>MAIL</u>	Grievance #: <u>23-6</u>

STAFF UPS SAYS A PACKAGE WAS
DELIVERED ON DECEMBER 15TH
FROM ASHLAND POLICE DEPARTMENT
WHERE IS IT?

What have you done so far to address your grievance? Talked to
staff, sent letter to staff, called the mail
department

What is your desired outcome? FOR SOMEONE TO
CARE for atleast pretend to care and
actually help me out - this place is horrid
I would like to discuss my grievance with a Grievance Committee member ☐ Yes ☒ No

Patient Signature: Spencer Joseph Barrett Date: 1/17/23
Printed name of staff or representative who
helped fill out this form: _____

In addition to the OSH grievance process, complaints can be filed with the state agency that
has licensure survey responsibility over OSH. See Patient Rights Board for information.

INTERNAL USE ONLY
OSH Grievance Form Page 1
JUST MAKE MY MAIL NO-I WANT
TO KNOW WHERE
MY MAIL IS

emailed 1-17-23



Patient Grievance OSH and OHA Review

Patients must complete the grievance process in order. Refer to the Grievance Process handout, available on all units, for more information.

I am requesting (check one):

- ☒ **OSH Review:** The OSH Ombuds Office will review your grievance and provide you with a written response.
- Attach a copy of your original grievance and the unit's response, unless a response has not been provided within 7 days of the date received by the hospital.
 - Use the space on the back of this form to explain why you were not satisfied with the unit's response to your grievance or a statement explaining that the unit's response was not provided within the required timeframe.
 - OSH Reviews must be requested no more than 14 days after you received the unit's response. You may request an exception to this requirement using the space below.

- ☐ **OHA Review:** The OHA Director will review your grievance and provide a written response. This response is final.
- Attach a copy of your original grievance and the unit's response, unless a response has not been provided within 7 days of the date received.
 - Attach a copy of your OSH review request and response, unless a response has not been provided within 14 days of the date received by the hospital, excluding weekends and holidays.
 - Use the space on the back of this form to explain why you were not satisfied with the OSH review response or a statement explaining that the OSH review response was not provided within the required timeframe.
 - OHA Reviews must be requested no more than 14 days after you received the OSH Review response or, if you did not receive an OSH review response no more than 28 days after submitting your OSH review request. You may request an exception to this requirement using the space below.

it is necessary for multiple reasons that I have access to my medical records and the ability to make statements regarding information documented (Policy 7.014; c; 4 (Oregon State Hospital policies and procedures, Approved: Dolores Matteucci, Superintendent)

Date: November 8, 2018

in order to be as objective and impartial as possible it is necessary for any evaluators to state their own ideas, beliefs, actions history they may be susceptible to projecting onto the evaluated

- it is unfair to ask for transparency when one is not willing to be fully transparent themselves (which I am ready and willing w/ reference to my own understanding of psychology is "conscious culture" context may it is a fallacy for you, a total stranger to project onto me motives and emotions you think are appropriate

• Protection of legal rights and ~~rights~~ my rights ^{studies} to discover

• referenced relevant psychology experiments: teach self fulfilling prophecy, confirmation bias, stereotype threat, placebo effect, Lucifer effect (Stanford prison experiment), on being sane in insane places (Rosenhan), bystander interventions; diffusion of responsibility, learned helplessness, obedience to authority (Milgram), conformity (Solomon asch)

(view last 16 pages "references" of pdf "cc mag", on my public profile
STB177 on archive.org)

Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: <u>Spencer Joseph Barnett</u>	For Staff use only
Unit: <u>Leat 2</u>	Date Received: <u>1-17-23</u>
Describe your grievance: <u>Too Many distractions</u>	Grievance #: <u>23-7</u>

Too much noise/nonsense
even in the quiet room I can hear people pacing back and forth "jabbering"/talking to themselves, yelling, and worse of all, not interested in real conversation/consideration. I would like to be on a unit that does not have constant annoying

What have you done so far to address your grievance? Politely ask them to

leave when I'm watching a movie or working disturbance
by myself. Or I politely ask them to stop talking to themselves or to do it somewhere else so I can focus on my own work but they are in their own world

What is your desired outcome?

To be in a space of like minded considerate individuals there are only 2 main distractions/noise
arrivals who are causing the most stressful noise
I would like to discuss my grievance with a Grievance Committee member ☐ Yes ☒ No

Patient Signature: Spencer Joseph Barnett Date: 1/16/23

Printed name of staff or representative who helped fill out this form:

They do not seem
In addition to the OSH grievance process, complaints can be filed with the state agency that has licensure survey responsibility over OSH. See Patient Rights Board for information. "fit in"
real mental health w/ this unit and I suggest
putting all the people who
talk to themselves in the same
area away from people who don't have that problem
INTERNAL USE ONLY
OSH Grievance Form
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Law of ASSOCIATION

Request for Access to Records

Legal last name of individual: <i>Barrett</i>	First name: <i>Spencer</i>	MI: <i>J.</i>	Date of birth: <i>04/18/94</i>
Other names used by individual: <i>Joseph</i>			
Mailing address, city, state and ZIP of individual: <i>unit: Leaf 2, Oregon State Hospital, 2600 Center St. N.E. 97301</i>			
C Prime ID / C Case number / X SSN: <i>047-20-2350</i>			
Phone number of individual (optional):		E-mail address of individual (optional):	
I want to (select only one): <input type="checkbox"/> Review the record <input checked="" type="checkbox"/> Receive copies			
Program or agency holding record: <i>Oregon State Hospital</i>			
List the type of record or information requested: <i>all records on file</i>			
List the dates or time period for the record requested: <i>11/3/2022 - 1/2/2023</i>			
receiving copies, select the preferred format to receive the record: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Pick up in person <input type="checkbox"/> CD <input type="checkbox"/> Other portable electronic media			

- We may not be able to provide access to, or copies of, some records or information including but not limited to:
 - Psychotherapy notes
 - Records or information that is no longer available
 - Records you are not entitled to receive under law, Oregon Administrative Rule, or Agency policy
 - Records not contained in the designated record set
- If we deny all or a portion of your request, you have a right to request a review.
- You may be charged a fee for copying your records.

Individual Acknowledgement		
Full legal signature of individual or a person legally authorized to act on behalf of the individual: <i>Joe Joseph Barrett</i>		Date: <i>1/2/2023</i>
Legal last name of representative (if applicable):	First name:	MI:
Personal representative authentication:		Relationship to individual:

LANE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
ADULT IN CUSTODY (AIC) GRIEVANCE FORM
(If you need additional space to write, please attach a separate sheet.)

AIC NAME DeLoach AIC# 11111 DATE 1/11/12 HOUSING 100
GRIEVANCE CONTROL NUMBER 1022

DECISION/ACTION THAT I AM GRIEVING:

I TRIED TO SOLVE THIS GRIEVANCE BY:

THE RESOLUTION I AM SEEKING IS:

AIC SIGNATURE: _____ DATE _____
RESPONSE FROM THE EMPLOYEE BEING GRIEVED: _____

EMPLOYEE'S SIGNATURE _____ DATE _____

AIC: I HAVE REVIEWED THE EMPLOYEE'S RESPONSE AND:

(INITIAL ONE OF THE FOLLOWING)

____ I ACCEPT THE EMPLOYEE'S RESPONSE ____ I REQUEST SUPERVISOR REVIEW DATE _____

HEARING HELD: YES ☒ NO ☐ DATE _____ TIME _____

YOUR GRIEVANCE HAS BEEN REVIEWED AND I FIND: I would not hold any other grievance

in connection with the grievance and because I could not find a reasonable basis for the
grievance. The employee's response was satisfactory. The grievance was resolved on 1/11/12.
AIC & I completed the grievance process on 1/11/12. The grievance was resolved on 1/11/12.
and the grievance was resolved on 1/11/12.

SUPERVISOR SIGNATURE: _____

DATE 1/11/12

AIC: I HAVE REVIEWED THE SUPERVISOR'S RESPONSE AND:

(INITIAL ONE OF THE FOLLOWING)

____ I ACCEPT THE SUPERVISOR'S RESPONSE ____ I REQUEST LIEUTENANT REVIEW DATE _____

LIEUTENANT REVIEW: I have reviewed the grievance and the employee's response and the supervisor's response and

the grievance was resolved on 1/11/12. The grievance was resolved on 1/11/12.
I have reviewed the grievance and the employee's response and the supervisor's response and
the grievance was resolved on 1/11/12. The grievance was resolved on 1/11/12.

LIEUTENANT SIGNATURE _____ DATE 1/11/12
M78-350 Revised 1/21

LANE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
ADULT IN CUSTODY (AIC) GRIEVANCE FORM
(If you need additional space to write, please attach a separate sheet.)

AIC
6007

AIC NAME Brent H. Simer AIC# 3718741 DATE 7/14/22 HOUSING 1248
GRIEVANCE CONTROL NUMBER 2622344

DECISION/ACTION THAT I AM GRIEVING: Transferring an inmate to another housing unit without proper notice and without the inmate's consent is a violation of the inmate's rights. The inmate was transferred from housing unit 1248 to housing unit 1249 without proper notice and without the inmate's consent. The inmate was also placed in a cell with a violent inmate, which is a violation of the inmate's rights.

I TRIED TO SOLVE THIS GRIEVANCE BY: Asking the department to resolve the grievance by returning the inmate to housing unit 1248 and removing the inmate from the cell with the violent inmate.

THE RESOLUTION I AM SEEKING IS: The department to resolve the grievance by returning the inmate to housing unit 1248 and removing the inmate from the cell with the violent inmate.

AIC SIGNATURE: _____ DATE 7/22/22
RESPONSE FROM THE EMPLOYEE BEING GRIEVED: A maintenance request was submitted today to install a pencil sharpener in the IT pool.

EMPLOYEE'S SIGNATURE _____ DATE 7/21/22

AIC: I HAVE REVIEWED THE EMPLOYEE'S RESPONSE AND: When the request was submitted, it was not resolved.
(INITIAL ONE OF THE FOLLOWING)
____ I ACCEPT THE EMPLOYEE'S RESPONSE ____ I REQUEST SUPERVISOR REVIEW DATE 7/23/22

HEARING HELD: YES ____ NO ____ DATE _____ TIME _____
YOUR GRIEVANCE HAS BEEN REVIEWED AND I FIND:
The grievance was resolved by the employee's request to have the pencil sharpener installed in the IT pool. The grievance has been resolved.

SUPERVISOR SIGNATURE: Sgt. [Signature] DATE 7/26/22

AIC: I HAVE REVIEWED THE SUPERVISOR'S RESPONSE AND: When the request was submitted, it was not resolved.
(INITIAL ONE OF THE FOLLOWING)
____ I ACCEPT THE SUPERVISOR'S RESPONSE ____ I REQUEST LIEUTENANT REVIEW DATE _____

LIEUTENANT REVIEW: The request was made of a solution offered, that is reasonable.

LIEUTENANT SIGNATURE [Signature] DATE 7/26/22
M78-350

LANE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
ADULT IN CUSTODY (AIC) GRIEVANCE FORM

(If you need additional space to write, please attach a separate sheet.)

AIC NAME Debra Spencer AIC# 9778742 DATE 9/15/22 HOUSING 1708
GRIEVANCE CONTROL NUMBER 2022-347

DECISION/ACTION THAT I AM GRIEVING: Being placed in a cell with a violent inmate for 11 days without being given an opportunity to be heard or to see a hearing officer. I was placed in a cell with a violent inmate for 11 days without being given an opportunity to be heard or to see a hearing officer. I was placed in a cell with a violent inmate for 11 days without being given an opportunity to be heard or to see a hearing officer.

I TRIED TO SOLVE THIS GRIEVANCE BY: Multiple requests to the hearing officer for a hearing. I was told that I would have a hearing, but it never happened. I was told that I would have a hearing, but it never happened. I was told that I would have a hearing, but it never happened.

THE RESOLUTION I AM SEEKING IS: Being placed in a cell with a violent inmate for 11 days without being given an opportunity to be heard or to see a hearing officer. I was placed in a cell with a violent inmate for 11 days without being given an opportunity to be heard or to see a hearing officer. I was placed in a cell with a violent inmate for 11 days without being given an opportunity to be heard or to see a hearing officer.

AIC SIGNATURE: Debra Spencer DATE 9/16/22

RESPONSE FROM THE EMPLOYEE BEING GRIEVED: You were moved to a new yard and we were told that you were the only one who was moved. I was told that you were the only one who was moved. I was told that you were the only one who was moved.

EMPLOYEE'S SIGNATURE _____ DATE Sept 16th 22

AIC: I HAVE REVIEWED THE EMPLOYEE'S RESPONSE AND: I was not satisfied with the response. I was not satisfied with the response. I was not satisfied with the response.

____ I ACCEPT THE EMPLOYEE'S RESPONSE ☒ I REQUEST SUPERVISOR REVIEW DATE 9-22-22

HEARING HELD: YES ☐ NO ☒ DATE _____ TIME _____
YOUR GRIEVANCE HAS BEEN REVIEWED AND I FIND: _____

Debra Spencer's request was forwarded to the DA. The DA's response was received on 9/22/22. It is on the DA's letter to decide to press charges.

SUPERVISOR SIGNATURE: Sgt. M. J. ... DATE 9/26/22

AIC: I HAVE REVIEWED THE SUPERVISOR'S RESPONSE AND: The response was not satisfactory. The response was not satisfactory. The response was not satisfactory.

☒ I ACCEPT THE SUPERVISOR'S RESPONSE _____ I REQUEST LIEUTENANT REVIEW DATE _____

LIEUTENANT REVIEW: _____

Grievance closed as resolved.

LIEUTENANT SIGNATURE _____ DATE 9/27/22 Revised 1/21
M78-350

ALC

5

12 HOUSING

[illegible]

I TRIED TO SOLVE THIS GRIEVANCE BY: Requesting a release by the police and by talking

THE RESOLUTION I AM SEEKING IS: send me back envelopes to mail questionnaire and send me the envelope with all the cards I sent in the past so I can use them for my survey

AIC SIGNATURE: Donna Thompson DATE: 9/26/22

RESPONSE FROM THE EMPLOYEE BEING GRIEVED: On 9/26/22 I responded to your letter request. You were sent 2 envelopes one addressed to the ACLE and the other addressed to the Office of the Governor.

EMPLOYEE'S SIGNATURE J. M. C. D. DATE 9/28/22

AIC: I HAVE REVIEWED THE EMPLOYEE'S RESPONSE AND: There is no need to make a note on E
(INITIAL ONE OF THE FOLLOWING) 2
I ACCEPT THE EMPLOYEE'S RESPONSE I REQUEST SUPERVISOR REVIEW DATE _____

HEARING HELD: YES _____ NO _____ DATE _____ TIME _____
YOUR GRIEVANCE HAS BEEN REVIEWED AND I FIND: _____

SUPERVISOR SIGNATURE: _____ DATE _____

AIC: I HAVE REVIEWED THE SUPERVISOR'S RESPONSE AND:

(INITIAL ONE OF THE FOLLOWING)

_____ I ACCEPT THE SUPERVISOR'S RESPONSE _____ I REQUEST LIEUTENANT REVIEW _____ DATE _____

LIEUTENANT REVIEW: _____

LIEUTENANT SIGNATURE _____ DATE 9/19/22 Revised 1/21

M78-350

Lane County Sheriff's Office
Adult Corrections Division

Name: James Brown AIRS #: 2100712 Housing Unit: 18 Date: 2/1/12
 Nombre: _____ _____ Celido _____ Fecha: _____

Request To: (Check One Only)
 Petición dirigida a: (Marque uno nada mas)

Shift Supervisor
Supervisor

Classification
Clasificaciones

Mental Health Services	Alcohol/Drug Services	Education
____ Servicios de Salud Mental	____ Servicios de Alcohol/Drogas	____ Educación
Medical Services	Inmate Work Program	Chaplain
____ Servicios Médicos	____ Programa de Trabajadores Presos	____ Capelán

Other _____
Otra Cosa _____

Request: (Describe Situation)

Response: _____
Repuesta: _____

2023-056 1350

Name: _____ Date: _____ Time: _____

Congress OKs prison-repair mandate

Michael R. Sisak
ASSOCIATED PRESS

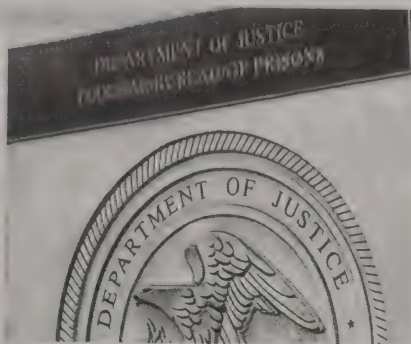
WASHINGTON - Congress has passed legislation requiring the federal Bureau of Prisons to overhaul failing and outdated security systems in the wake of rampant staff sexual abuse, inmate escapes and high-profile deaths.

The bill, approved by the House on a voice vote Wednesday, would force the troubled prison agency to fix broken surveillance cameras and install new ones, providing upgraded tools to fight and investigate staff misconduct, inmate violence and other problems.

The Prison Camera Reform Act, which the Senate passed last year, now goes to President Joe Biden to be signed into law.

"Broken prison camera systems are enabling corruption, misconduct and abuse," said the bill's sponsor, Sen. Jon Ossoff, D-Ga. He has led multiple investigations of crime and corruption in federal prisons as chairman of the Senate Permanent Subcommittee on Investigations, part of the Senate Homeland Security and Governmental Affairs Committee.

The bipartisan legislation would require the Bureau of Prisons to evaluate and enhance security camera, radio and public address systems at its 122 facilities. The agency must submit a report to Congress within three months detail-



Bipartisan legislation now awaiting the president's signature would require the Bureau of Prisons to evaluate and enhance security camera, radio and public address systems at its 122 facilities. MARK LENNIHAN/AP FILE

ing deficiencies and a plan to make needed upgrades. Those upgrades are required within three years, and the bureau must submit annual progress reports to lawmakers.

Failing and inadequate security cameras have allowed inmates to escape from federal prisons and hampered investigations. They were an issue in the deaths of gangster James "Whitey" Bulger at a federal prison in West Virginia in 2018 and financier Jeffrey Epstein at a federal jail in New York City in 2019.

Cameras captured inmates going into Bulger's cell, but not the assault that

ended his life - due to limitations on how they can be positioned.

In Epstein's case, some cameras malfunctioned while others revealed that guards failed to make some required half-hourly checks, and footage of his apparent suicide attempt a few weeks earlier was lost "as a result of technical errors," prosecutors said.

The House vote came just a day after Ossoff's subcommittee heard testimony from three formerly incarcerated women who said staff abused them in areas of federal prisons that lacked cameras.

The Justice Department's internal watchdog testified that deficiencies with security cameras in federal prisons have compromised investigations into such ills as sexual assault, the introduction of contraband, violations of civil rights and inmate deaths. The inspector general, Michael Horowitz, noted that cameras are also integral to disproving false allegations.

In introducing the camera bill last year, Ossoff said that blind spots, lost footage and technical failures were unacceptable. He said federal prisons "must be cleaned up and held to the highest standards."

The legislation also had the backing of the leaders of the Senate Judiciary Committee - the chairman, Sen. Dick Durbin, D-Ill., and the top Republican, Iowa Sen. Chuck Grassley.

Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: Spencer Joseph Baneth

Unit: Unit 2

Describe your grievance: I don't feel safe -

For Staff use only
Date Received:
Grievance #:

sharing a room w/ Nicholas or anyone here for that matter - I need my own room: I had slept in the sensory room or TV room for the past 2 weeks until I learned so sleep deprived I went back only to not get any better sleep and wake up to my roommate standing over me he also has a brother who he said is proud of telling someone at the OSH and told me he thinks my eyes are

What have you done so far to address your grievance?

Asked multiple times

black, changing shape and demonic.

for my own room

I also have a fear that is justified due to my situation and publications that I will be released: I for instance I'm posting and circulating Noam

What is your desired outcome?

FOR A SINGLE ROOM UNTIL I

AM DISCHARGED ON TH 3/25

Cheney's claim: if the Menemba letters were applied then every past work president would be charged "against" I would like to discuss my grievance with a Grievance Committee member ☐ Yes ☐ No anti-

Patient Signature: for Joseph Baneth

Date: 1/27/22

Printed name of staff or representative who helped fill out this form:

Donna
Whistle
blowing

In addition to the OSH grievance process, complaints can be filed with the state agency that has licensure survey responsibility over OSH. See Patient Rights Board for information.

felt safer under video surveillance

RECEIVED

By Lyann at 6:44 am, Dec 30, 2022

Oregon Department
of Human Services

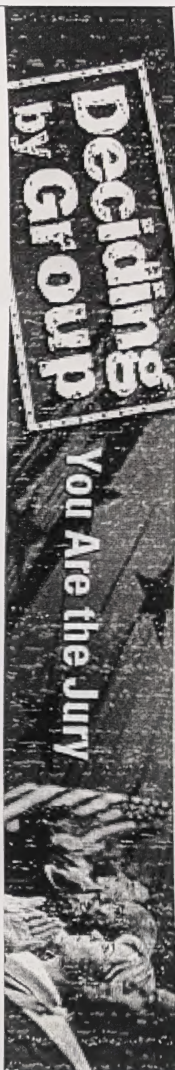
Request for Access to Records

Oregon
Health
Authority

Legal last name of individual: <i>Barnett</i>	First name: <i>Spencer</i>	MI: <i>J</i>	Date of birth: <i>04/18/94</i>
Other names used by individual: <i>Joseph (middle name)</i>			
Mailing address, city, state and ZIP of individual: <i>Oregon State Hospital, Leaf 2, 2600 Center St NE, Salem, OR 97301</i>			
Phone ID / Case number / SSN: <i>647-20-2350</i>		E-mail address of individual (optional):	
I want to: (select only one): <input type="checkbox"/> Review the record <input checked="" type="checkbox"/> Receive copies			
Program or agency holding record: <i>Oregon State Hospital</i>			
List the type of record or information requested: <i>all records on file</i>			
List the dates or time period for the record requested: <i>11/3/22-12/10/22</i>			
If receiving copies, select the preferred format to receive the record: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Pick up in person <input type="checkbox"/> CD <input type="checkbox"/> Other portable electronic media			

- We may not be able to provide access to, or copies of, some records or information including but not limited to:
 - Psychotherapy notes
 - Records or information that is no longer available
 - Records you are not entitled to receive under law, Oregon Administrative Rule, or Agency policy
 - Records not contained in the designated record set
- If we deny all or a portion of your request, you have a right to request a review.
- You may be charged a fee for copying your records.

Individual Acknowledgement			
Full legal signature of individual or a person legally authorized to act on behalf of the individual: <i>Sam Park Barrett</i>		Date: <i>12/9/22</i>	
Legal last name of representative (if applicable):	First name:	MI:	
Personal representative authentication:		Relationship to individual:	



PART 1: THE CASE

Read the paragraphs below concerning a fictional criminal case. Then answer the questions in Part 2. Do not discuss your answers with your fellow jurors.

On October 12, an intruder broke into the town art museum, smashing through an office window sometime between the hours of 2 and 4 A.M. At 4 A.M., the museum security guard noticed that three paintings were missing from the museum. He immediately called the police, who searched the museum and found two other items missing: a pair of replica crowns from 15th-century France. The police found muddy footprints at each crime scene.

On December 14, Robert Smythe attempted to sell a replica 15th-century French crown to a pawnshop. The shop owner contacted the police, who searched Smythe's home and found a second replica crown and a large collection of swords and armor. They also found a pair of shoes that matched the muddy footprints found at the museum. They did not find any of the stolen paintings. Robert Smythe maintains that he is innocent and that he collects European antiques. He states that he bought the crowns on the Internet and later decided to sell them.

PART 2: JUROR NOTES

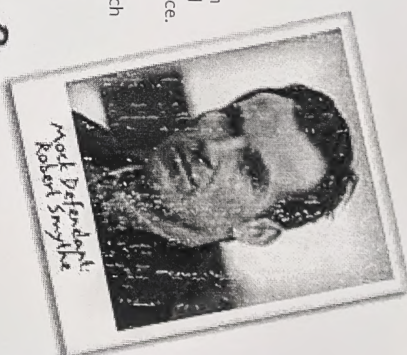
1. What evidence in the case indicates that Smythe is not guilty?
2. What evidence indicates that Smythe is guilty?
3. Based on the evidence, would you find Smythe guilty or not guilty? Why or why not?
4. Is there anything in the case that would change your decision?

PART 3: OFFICIAL JUROR FORM

Work together to decide whether Robert Smythe is guilty. Everyone in the jury must agree before you can offer a final verdict. When you have reached a decision, answer the following questions.

1. Did the jury conclude that Robert Smythe was guilty or not guilty?
2. Was the jury verdict the same as or different from your individual decision?
3. If the jury verdict was different, what made you change your mind about the decision? If it was the same, did anyone with a differing opinion present any evidence that almost convinced you to change your mind?

DISCLAIMER: The people and scenarios portrayed in this lesson are fictional representations. Any similarities to actual persons, living or dead, or events, past or present, are purely coincidental and unintentional. Photos, top to bottom: © Rubberball Images/Getty Images; © Digital Vision/Getty Images; © Digital Vision/Getty Images; © Image Source/Getty Images; © John Foxx/Stockbyte/Getty Images; © David Toase/Photodisc/Getty Images; © Ryan McVay/Photodisc/Getty Images.



Reasonable Doubt

In the United States, a person accused of a crime is innocent until proven guilty. A jury may not find a person guilty if there is reasonable doubt of his or her guilt. If the evidence presented does not reasonably convince the jury of a person's guilt, they must find him or her not guilty.



To Jury: what motivates them to prosecute me?

